Dear New Patient,

Congratulations on deciding to use the Mei Zen™ Cosmetic Acupuncture series as your healthy option for looking and feeling younger. Cosmetic Acupuncture is the only healthy option for cosmetic improvements currently available. It is the "true anti-aging medicine". Though the procedure is not well known publicized in the United States, Emperors and the wealthy have used it for centuries in China. It is also a modality that has been used in Europe, Korea & Japan for centuries. In matter of fact, the Father of French Acupuncture, Jacques Lavier, created a protocol and incorporated acupuncture facial rejuvenation into practice. I am involved in an educational campaign that will teach you that Cosmetic Acupuncture is a relatively non-invasive procedure that brings about some amazing results that are more than just skin deep. And, it is the only cosmetic procedure that actually improves your health, unlike methods such as plastic surgery or Botox injections that only change the appearance without correcting the underlying imbalances.

The obvious benefits include having softer, firmer skin; reduction of deeper wrinkles; possible elimination of finer wrinkles; and improvement in jowl lines. Although not visually as dramatic as a surgical procedure, Cosmetic Acupuncture actually has a much more dramatic overall effect as we have seen a number of very healthy "side effects" occur. Besides the obvious visual changes, patients have reported improved digestion, better quality sleep, and reduction of hot flashes, elimination of mild depression and anxiety, improved energy, and an overall sense of well-being. So patients leave not only looking younger but also feeling younger and healthier. I think it is fair to say this is the **only cosmetic procedure that actually improves the health of the patient** and that is why I am so passionate about what I do!

From a Western medicine standpoint, Cosmetic Acupuncture works because the needling causes micro-traumas in the skin to which the body responds by increasing blood flow and the production of collagen and elastin for wound healing. The needling, which is done at the level of the dermis, can stimulate neurotransmitter production. From the Traditional Chinese Medicine (TCM) perspective, Qi and Blood are being brought to the face, Qi is being lifted, and the body's energetic systems are being put into balance. This is why wonderful side effects occur. The procedure is very low risk because needling is superficial; occasionally bruising does occur. Besides the needling part of the procedure, we will talk with you about skin care, nutrition, and supplements that help you get and maintain the best results possible. I may also recommend herbal formulas.

The procedure is twelve treatments that are scheduled twice a week for six weeks after an initial consulting treatment to determine if the **Mei Zen™ Cosmetic Acupuncture** is right for you. Cosmetic acupuncture for the abdomen for losing inches and supporting weight loss is also available. This procedure is twice per week for 10 weeks and then once per week for an additional 5 weeks. Treatments last about 90 minutes.

I ask that you complete the following forms as they consist of a number of questions addressing diet, lifestyle, past medical history, and family medical history. They also include consent and release forms. Please take time to fill these out completely. All the answers are important in understanding you as a whole person and will greatly aid in the evaluation of your health conditions. Please allow yourself some time to fill out the paperwork before your visit. Your session will not start with you unless paperwork is complete.

Yours in Health and Wellness,

Wyatt N. LaCoss, MAOM, Dipl.OM, Lic.Ac.
Director/Proprietor, AcuTherapy, LLC
Licensed Acupuncturist and Chinese Medical Herbalist
Diplomate of Acupuncture and Chinese Herbal Medicine (NCCAOM)
Certified, Auriculotherapy (ACI)

AcuTherapy & Chinese Herbal Medicine

Most conditions require an average of 6-12 treatments, although some will respond well within 4-6 visits and others may require a longer series – this depends on the severity and the chronic nature of the chief complaint and how your body individually responds to the treatment.

Acupuncture Registration Form

Today's Date:

☐ Mr. ☐ Mrs.
☐ Mr. ☐ Dr.
Name

Gender | Date of Birth | Age | Height | Weight | Social Security

Street Address, City, State, Zip Code

Home Phone | Cell Phone

Other Phone | Email

Best time to reach you
☐ Morning ☐ Evening ☐ Separated ☐ Widowed
☐ Afternoon ☐ Divorced ☐ Other

Best phone to reach you
☐ Cell ☐ Home ☐ Work

Have you Been treated by Acupuncture or Oriental Medicine Before?
☐ Yes ☐ No

How did you hear about our clinic? Whom may we thank?
☐ Yellow Pages
☐ Web Search
☐ Yelp
☐ Clinic Website
☐ Magazine
☐ Facebook
☐ Event
☐ Newspaper Coverage
☐ Employer
☐ Flyer

Relationship status
☐ Single ☐ Living w/Partner ☐ Separated ☐ Widowed
☐ Married ☐ Divorced ☐ Other

Work Status
☐ Full-Time ☐ Retired ☐ Disabled ☐ Full-Time Student
☐ Part-Time ☐ Unemployed ☐ Part-Time Student

Last Treatment

☐ Other (please specify)

☐ PCP (Name and Address)

☐ Current Patient / Word of Mouth Referral:

PRIMARY CARE PHYSICIAN

Physician Name

Physician Address

Physician Phone #

Physician Fax

RELEASE OF INFORMATION AND EMERGENCY CONTACT

Contact Name

Relationship

Street Address

City, State, Zip Code

Home Phone #

Cell Phone #

Email

Signature of Patient or Authorized Representative | Date

Printed Name and Relation

New Patient Information, Cosmetic and Facial Rejuvenation Acupuncture

Your first visit will last about 2 hours. Follow-up treatments will take 90 minutes. Acupuncture has been practiced for thousands of years, but may be very different from any health care experience you have ever had. I will ask you a number of questions about your health and history that are unfamiliar, and you may never have had a health intake that included looking at your tongue and taking your pulses. It will only be unfamiliar the first time! I encourage you to ask me questions about your treatment and progress. Your treatment is individual, as is your response to it. By asking questions you are learning how your own body heals.

Cosmetic Results to expect:

- A "leveling" of deep lines. Deeper lines may never go completely away but they can "fill up" and look much softer, less harsh
- The beginnings of jowls can be minimized. The Mei Zen technique will not make a waddle under the neck go away, but it will definitely define the jaw like in women who are just starting to get saggy there
- Cheeks get smoother
- People see improvement in acne and rosacea
- Skin gets softer, more vibrant
- A reduction in fine lines...they may even disappear
- Overall skin tome becomes more consistent...if your face has lots of red in it, this technique may reduce it
- Age spots have faded
- Those "little hard spots on my face went away"
- Wrinkles on the décolletage have disappeared-those vertical lines that some women get as a result of sun damage

"Side Effects" to expect:

- Hot flashes and/or night sweats go away
- Mild anxiety is resolved
- Many cosmetic acupuncture patients report that their digestion is improved and this will definitely affect what is going on in the skin and on the face
- Eyes look bright, to TCM Practitioners this means that the Shen (Spirit) is balanced
- Patients report having more energy
- "I had a headache when I came in but it was gone when I left!"

Vitamins and minerals to take internally

- Vitamin A: no more than 5000 IU as it can accumulate and become toxic. Best to take it in its precursor
- form + beta carotene
- B-Complex: B-6 is especially important in protecting your skin. No more than 50-100 mg/day.
- Vitamin C: 1000 mg. Over 50 take 3000-5000 mg/day or as bowels will tolerate
- Vitamin E: 200 IU/day (or some say more). Alpha tocopherol succinnate is the important type to take. Vit.E taken internally is good for the tone of facial muscles (among lots of other uses) It can also be used topically
- Co-Enzyme Q10: antioxidant very easily depleted and therefore must be replenished; protects cells from free radical damage. 30-100 mg/day

Food and your skin

- Food is medicine... it's a very natural way to improve your health
- Olive oil-oleic acid keeps the skin soft and smooth by reducing micro-inflammation that causes wrinkling and sagging
- Green tea helps prevent sun damage
- Tomatoes, especially cooked tomato products, contain lycopene which scavenges free radicals that cause aging
- Honey and eggs help reduce dryness. Actually you can make a nice mask out of egg whites and olive oil or egg yolks with honey
- Drink PLENTY of water
- Cherries benefit skin (and are said to prolong life!)
- Eat plenty of foods that are rich in antioxidants including citrus fruits, berries, watermelon, papaya, orange or red veggies, broccoli, egg yolks, almonds, salmon and flax seeds

Topicals

- Vitamin C Ester: This is essential to the production of collagen and it hinders the inflammation process that can be a cause of free radicals. It also provides protection to the cell wall where free radicals attack
- Alpha Lipoic Acid: is the Universal antioxidant and is great for the skin. It fights free radicals in any part of the cell as well as between the cells. It speeds up repair process in cells. It is particularly helpful for lines and wrinkles, under eye bags and puffiness, enlarged pores, acne scars, and for helping make the skin less dull
- DMAE: dimethylaminoethanol is an antioxidant membrane stabilizer by becoming part of the cell plasma membrane enabling the membrane to resist stress. Safe to use –it is taken internally and is considered a food grade substance. It is particularly good for loss of firmness in the skin; fine lines above and below the lips; and stressed, overtired skin
- Alpha and beta hydroxyl: exfoliates, good to use on rough unevenly pigmented skin. It enhances the penetration of Ester C and alpha Lipoic Acid

Helpful Hints

- Moisturize, moisturize, moisturize-apply moisturizer to damp skin (it both brings moisture to the skin and helps trap the moisture that's already on the skin) ****especially at night when cellular repair speeds up.

TO PREPARE FOR YOUR FIRST VISIT PLEASE REVIEW THE FOLLOWING:

1. Complete Health History Questionnaire

a. Please print and complete the Registration and Health History Questionnaire and bring it with you.
b. This questionnaire will form the basis of an in-depth conversation we'll have at your initial consultation and enable me to customize an effective treatment plan for you.

2. What to Wear

a. Please wear loose-fitting, comfortable clothing that is convenient for accessing areas such as the arms, legs, abdomen and back of the body during treatments.
b. Please refrain from wearing any perfume, cologne or scented lotions.

3. What Not to Eat/Drink

a. Eat a light meal prior to your appointment to prevent any possible light headedness or nausea
b. Don't drink caffeinated beverages (coffee, tea, energy drinks, etc.) or take any pain medications for at least 4 hours prior to your visits.
c. Don't eat or drink anything that changes the color of your tongue, and don't brush your tongue the morning of your appointments. In Chinese medicine, the tongue gives us valuable information about your health.

4. Before Treatment

a. For your first visit, please arrive 15 minutes prior to your scheduled appointment time to make sure all paperwork is completed, so we can get your treatment started right away
b. Bring a list of any medications, supplements, or herbs, etc. that you are currently taking.
c. Stop aspirin and additional doses of Vitamin E for 2 weeks prior to reduce potential for bruising (unless you have been advised by your physician to take additional Vitamin E or aspirin. Then please talk with him or her about it.
d. One hour before: no hot showers, hot tub, sauna etc.
e. Remove contact lenses and **do not wear make-up to the treatments** (greasy substances have insulating properties that might block the energetic manipulation) and your skin should be clean. Eye makeup is okay, but be prepared to remove make-up prior to treatment.
f. Don't wear sunscreen before, **but do wear sunscreen after the treatments**
g. Please use the restroom prior to your appointment.

5. After Treatment

a. Allow time to RELAX as much as possible. Ideally go home and relax for several hours. It's important to give your body a chance to fully--integrate the treatment, so don't plan on going to the gym or doing any kind of strenuous exercise after you leave the clinic.
b. Don't eat heavy/greasy meals, use drugs of any kind or drink alcohol for at least 6 hours after your acupuncture treatments

Office use only: Patient ID#: Chart #:

Health History For Facial Rejuvenation Acupuncture

Today's Date:

Name | Gender | Age | Date of Birth

Street Address, City, State, Zip Code

This is a confidential record of your medical history and will be kept in this office. The information it contains will not be released to any person without your authorization

CONTACT INFORMATION

Home Phone

Cell Phone

Other Phone

Email

Occupation | Height | Weight

Have you Been treated by Acupuncture or Oriental Medicine Before? ☐ Yes ☐ No

Last Treatment

How did you hear about our clinic?

EMERGENCY CONTACT

Contact

Phone #

Relationship

Physician Name

Physician Address

Physician Phone #

Relationship status

☐ Single ☐ Married ☐ Living w/Partner ☐ Separated ☐ Divorced ☐ Widowed ☐ Other

MAIN CONCERNS

1.

2.

3.

4.

When did this start?

OTHER HEALTH CONCERNS

1.

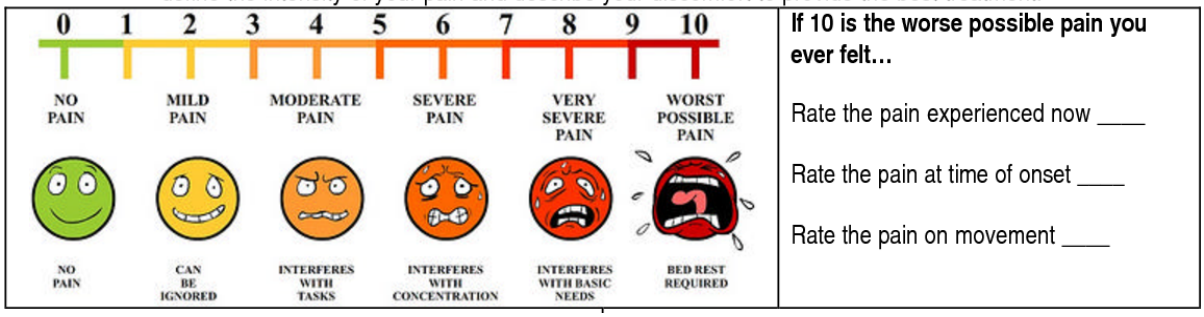
2.

3.

4.

Use the scale below to better estimate the level of the pain you are experiencing:

Remember that pain affects everyone differently and only you know how you feeling. The following scale can help you define the intensity of your pain and describe your discomfort to provide the best treatment.



If 10 is the worse possible pain you ever felt…

Rate the pain experienced now ____

Rate the pain at time of onset ____

Rate the pain on movement ____

Heat makes it: ☐ Better ☐ no change ☐ worse
Cold makes it: ☐ Better ☐ no change ☐ worse
Damp makes it: ☐ Better ☐ no change ☐ worse
Exercise makes it: ☐ Better ☐ no change ☐ worse

HEALTH HISTORY

	You	Year	Family		You	Year	Family
☐ Cancer – type(s)				☐ Allergies – Types			
☐ Osteoporosis				☐ Stroke			
☐ Diabetes				☐ Alcoholism			
☐ Herpes				☐ Seizure			
☐ Hepatitis				☐ Thyroid Disease			
☐ Aids/HIV				☐ Mental Illness			
☐ High Blood				☐ Asthma			
☐ Pressure				☐ Kidney Disease			
☐ Other STD				☐ Pacemaker			
☐ Heart Disease				☐ Anemia			
☐ Rheumatic Fever							

HABITS

	Amount	Frequency
☐ Coffee/Tea		
☐ Tobacco		
☐ Alcohol		
☐ Drugs		

EXERCISE

Regularly?

☐ Yes

☐ No

If so, what and How Often

How is your energy level?

When is it lowest?

When is it highest?

MEDICATIONS

Please note what medications, herbs or supplements you use regularly

Medicine/Vitamins	Dosage	Reason	How Long?

INJURIES & SURGERIES

Please note area of body & date

Area of Body	Date

TEMPERATURE

How warm / cold you feel (not in degrees) relative to other people?

Do you wear more or less layers, etc.

Please indicate your body's overall relative Temperature Along The Line With An X

COLD ⟷ HOT

- ☐ Cold hands/ feet
- ☐ Chills
- ☐ Cold "in the bones"
- ☐ Areas of numbness
- ☐ Excessive thirst
- ☐ Thirst for cold /hot drinks
- ☐ Thirst, no desire to drink
- ☐ Absence of thirst
- ☐ Night sweats
- ☐ Unusual sweats

When? _____ am / pm

Where on body _____

- ☐ Hot hands, feet, chest
- ☐ Hot flashes
- ☐ Hot in afternoon
- ☐ Hot at night

MOISTURE

Please indicate your body's relative moisture level along the line with an X

Hair, skin, mouth, etc.

DRY ⟷ OILY

- ☐ Dry skin
- ☐ Dry hair
- ☐ Dry eyes
- ☐ Dry brittle nails
- ☐ Dry mouth
- ☐ Dry lips
- ☐ Dry throat
- ☐ Dry nose /Nosebleeds
- ☐ Edema /Swelling
- ☐ Rashes
- ☐ Itching
- ☐ Dandruff
- ☐ Weight gain / loss
- ☐ Oily skin
- ☐ Oily hair
- ☐ Pimples

DIGESTION

Please indicate your body's overall digestion along the line with an X

DIARRHEA ⟷ CONSTIPATION

BM: How often? _____ x / every _____ days

- ☐ Alternating diarrhea & constipation (IBS)
- ☐ Indigestion
- ☐ Gas
- ☐ Belching
- ☐ Bloating
- ☐ Nausea / Vomiting
- ☐ Bad breath
- ☐ Dry Stools
- ☐ Difficult to pass
- ☐ Tired after BM
- ☐ Excessive hunger
- ☐ Poor appetite
- ☐ Ulcer
- ☐ Hemorrhoids

ENERGY

Please indicate your body's overall energy level along the line with an X

LOW ⟷ HIGH

- ☐ Sudden energy drop
- ☐ Time of day: am / pm
- ☐ Energy drop after eating
- ☐ Fatigue
- ☐ Dependence on caffeine
- ☐ Wired / ungrounded feeling
- ☐ Body/ Limbs feel heavy
- ☐ Body / Limbs feel weak
- ☐ Shortness of breath
- ☐ Heart Palpitations
- ☐ Blood pressure High / Low
- ☐ Bleed / Bruise easily
- ☐ Hard to concentrate
- ☐ Poor memory
- ☐ Dizziness / lightheaded
- ☐ Headaches _____x / week

FEMALE REPRODUCTIVE

Are you sexually active?
☐ Yes ☐ No

MENSES
Age at first menses
Length of full cycle _____ days
Length of menses _____ days
Last menses start date
_____ / _____
# of pregnancies _____

# of births___ Premature
_____ Miscarriages
_____ Abortions

- ☐ Birth control pill (hormonal)
- ☐ Heavy periods
- ☐ Light periods
- ☐ Painful periods
- ☐ Irregular periods

- ☐ Changes in body/psyche prior to menstruation (PMS)
- ☐ Cramps Before bleeding
  _____ First day
  _____ During period
- ☐ Fatigue w/ menses
- ☐ Digestive changes w/ menses
- ☐ Mid-cycle spotting
- ☐ Yeast infections

MENOPAUSE
Age changes began _____
Age at last menses _____

- ☐ Hot flashes_____ x/ day
- ☐ Vaginal dryness
- ☐ Night sweats____ x/ week
- ☐ Loss of sex drive

MALE REPRODUCTIVE

Are you sexually active?
☐ Yes ☐ No

- ☐ Change of sexual drive
- ☐ Erectile dysfunction
- ☐ Premature ejaculation
- ☐ Sores on genitals
- ☐ Discharge
- ☐ Prostate disease
- ☐ Genital Pain
- ☐ Jock Itch
- ☐ Vasectomy
- ☐ Hernia
- ☐ Hemorrhoids

EMOTIONS

What emotion(s) dominate your experience?

- ☐ Anger
- ☐ Irritability
- ☐ Anxiety
- ☐ Worry
- ☐ Obsessive thinking
- ☐ Sadness
- ☐ Grief
- ☐ Depression
- ☐ Fear
- ☐ Timid / shy
- ☐ Indecision

URINARY (if applicable)

- ☐ Decrease in flow
- ☐ Dribbling
- ☐ Difficulty starting / stopping
- ☐ Incontinence
- ☐ Kidney stones
- ☐ Urgency to urinate
- ☐ Frequent urination
- ☐ Pain on urination
- ☐ Burning sensation
- ☐ Cloudy urine
- ☐ Blood in urine

SLEEP (if applicable)

hours per night _____
☐ Difficulty falling asleep
☐ Wake _____ x/ night @ _____ am / pm
☐ Wake to urinate
How often? _____
☐ Disturbing dreams
☐ Restless sleep
☐ Not rested upon waking

HEAD, EYES, EARS, NOSE, THROAT

- ☐ Poor hearing
- ☐ Ringing in ears
- ☐ Excess earwax
- ☐ Sore throat
- ☐ Frequent Coughs
- ☐ Swollen Glands
- ☐ Hoarseness
- ☐ Trouble Swallowing
- ☐ Poor vision
- ☐ Night Blindness
- ☐ Headache
- ☐ Migraine
- ☐ Head Injury
- ☐ Dizziness
- ☐ Vertigo
- ☐ Hay Fever
- ☐ Sinus congestion
- ☐ Nose Bleeds
- ☐ Loss of Smell
- ☐ Phlegm (color _____)
- ☐ Red eyes
- ☐ Itchy eyes
- ☐ Teary Eyes
- ☐ Dry Eyes
- ☐ Cataracts
- ☐ Glaucoma
- ☐ Spots in front of eyes
- ☐ Dental problems
- ☐ Mouth sores
- ☐ Jaw Problems /TMJ
- ☐ Teeth Grinding

Cosmetic and Facial Rejuvenation Acupuncture

Name _____ Today's Date: _____

THREE MAIN CONCERNS

1. _____
2. _____
3. _____

Please describe any skin sensitivities or allergies: _____

Do you suffer from any bleeding or clotting disorders?
☐ Yes ☐ No If yes, please describe: _____

Do you bruise easily?
☐ Yes ☐ No

Have you recently, or are you currently taking any blood-thinning substances (pharmaceutical or natural)?
☐ Yes ☐ No If yes, please list with dosages: _____

CURRENT BEAUTY ROUTINE

Please include brand name

Cleanser _____ Toner _____ Moisturizer _____ Masks _____

Do you wear makeup daily?
☐ Yes ☐ No

Do you use sunscreen?
☐ Yes ☐ No

Do you go to tanning booths?
☐ Yes ☐ No

Do you participate in vigorous aerobic activity or sport?
☐ Yes ☐ No

Have you had facelift surgery? If so …
☐ Yes ☐ No ☐ Full ☐ Partial

Do you get facial waxing / electrolysis / or use depilatories?
☐ Yes, wait approximately 5 days between treatments ☐ No

If you have had facelift surgery …
When _____ / _____ Where: _____

If you have had facelift surgery, were you satisfied?
☐ Yes ☐ No

Please elaborate _____

FACIAL TREATMENTS

Type _____ Date(s) _____

_____ _____

_____ _____

☐ Microdermabrasion ☐ Photolight Rejuvenation ☐ Retin-A ☐ Collagen Injections
☐ Chemical Peels ☐ Restalyne ☐ Botox Injections ☐ Renova
☐ Silicon injections ☐ Mesotherapy ☐ Laser procedures ☐ Threading (Lift)
☐ Rhytidectomy ☐ Blepharoplasty ☐ Brow or Coronal Lift

SKIN

☐ Acne or Acne Scars ☐ Dry Skin ☐ Lusterless Skin ☐ Sagging skin
☐ Age Spots ☐ Dullness / Dull, aged skin ☐ Marionette Lines / Mouth Frown ☐ Sallow (Yellow)
☐ Aging skin ☐ Eczema ☐ Mental Crease ☐ Scarring
☐ Blemishes ☐ Enlarged Pores ☐ Muscle Weakness ☐ Scowl Lines / Glabella Lines / Furrows / Vertical Creases
☐ Broken Capillaries ☐ Environmental damage ☐ Oily skin and acne
☐ Brown Spots ☐ Facial Redness ☐ Prominent veins ☐ Sties
☐ Bunny Lines ☐ Fine Lines ☐ Psoriasis ☐ Sun Damage
☐ Cancer ☐ Herpes ☐ Puffy / Swollen ☐ Tear Troughs
☐ Capillaries ☐ Horizontal Forehead Lines / Frown / Worry Wrinkles ☐ Rashes ☐ Vertical Lip Lines / Oral Commissures
☐ Dehydration ☐ Rosacea (Redness) ☐ Warts

EYES

☐ Dark Eye Circles ☐ Under Eye Bags ☐ Crow's Feet / Periorbital Lines / Smoker's Smile ☐ Puffy Upper Lids
☐ Bags/Swelling Under Eyes ☐ Brow Droop / Low Eyebrow / Droopy Eye Lids / Lateral Hoods

NECK

☐ Crêpe-y skin ☐ Jaw Contours ☐ Sagging Skin At Neck (Jowls) ☐ Turkey Neck / Waddle
☐ Double Chin ☐ Wrinkles

LIPS/MOUTH

☐ Crackling ☐ Smoker's Wrinkles ☐ Protruding Temporal Veins ☐ Lip Thinning
☐ Cold Sores ☐ Nasolabial Fold / Laugh-Smile Lines

HAIR

☐ Thin Hair
☐ Alopecia (baldness)
☐ Excess Facial Hair

Hair follicle treatments?
☐ Yes ☐ No
If so, When? _____ / _____

Electrolysis treatments:
☐ Yes ☐ No
If so, When? _____ / _____

Thank You for Taking the Time to Complete Prior to Your First Treatment

Cosmetic Facial Rejuvenation

Name: _____ Date: _____ Treatment # _____

FOREHEAD / TEMPLE:
Loss in Fat in Forehead
Prominence of Transverse Forehead Lines - Frown Lines - Worry Lines - Forehead Lines
Superficial Lines Around the Forehead and Temple Area
Temple Lines

EYES:
Crow's Feet
Dark Circles
Superficial Lines Around the Eyes
Under Eye Bags
Under Eye Circles
Vertical Length of Lower Lid

EARS:
Ear Lobes Lengthen
Ear Wrinkles
Skin Stretches and Sags

CHEEKS:
Greater Visibility of Bony Landmarks, Lines and Wrinkles
Hollowing of the Mid-Face (Loose Skin) - Loss in Fat in Cheeks
Pallor (aka Pale Skin)

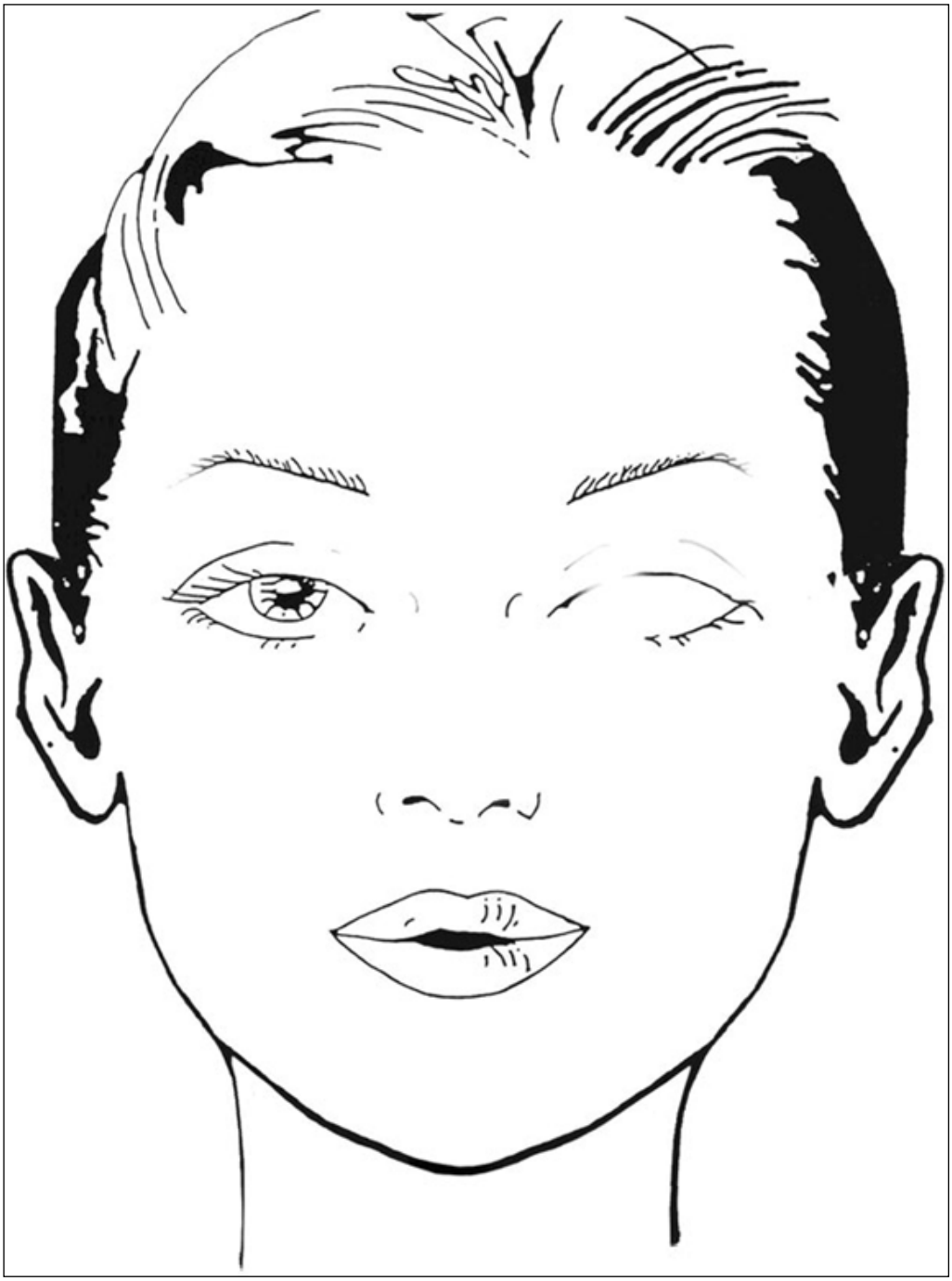
NOSE:
Droops
Nasolabial Folds Become More Prominent - Smile Lines (Nasolabial Folds, Lines From Nose to Mouth)

CHIN / JAW:
Chin Wrinkle
Double
Fat Gain in Jaw
Jaw Contours

LIPS / MOUTH:
Development of Pre-Jowl Depression (Marionette Lines - Lines From Corners of Mouth to Jaw)
Dry Skin
Fat Gain in Mouth
Laugh Lines
Lip Flattening
Loss of Volume - Lip Thinning
Smokers Wrinkles
Vermillion Border (Lip Border Diminishes with Age Causing Lipstick Bleed)
Vertical Lip Lines

NECK:
Brown Spots and Pigmentation
Loose Skin / Sagging Skin (Turkey Neck)
Necklace Lines
Prominent Neck Cords
Red, Blotchy areas
Thin Skin

SKIN:
Acne Scars
Broken Capillaries
Facial Hair
Facial Redness / Veins
Facial Volume Loss
Freckles and Brown Age Spots
Itching Skin
Large Pores / Facial Texture
Less Elastic Skin
Muscle Weakness
New Moles
Pebble
Problems with Healing
Problems with Scarring (Hypertrophic or Keloid)
Rash
Acne Scars
Birthmarks
Post-Surgical Scars
Rosacea
Rough Texture
Sagging Skin
Significant Change in Existing Moles
Spider Veins on Nose, Face
Sun Damage
Thin Skin



Current s/sx: _____

_____

_____

_____

Extraordinary Vessels: _____

Acupuncture Points: _____

Chinese Herbal Medicine: _____

Lifestyle Recommendations: _____

PROTECT YOUR HEALTH INFORMATION AND PRIVACY

Dear Valued Patient,

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company , with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

Safeguards in place at our office include:

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

Types of information that we gather and use:

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at (617) 694-9415.

Yours in Health and Wellness,

Wyatt N. LaCoss, MAOM, Dipl.OM, Lic.Ac.
Director/Proprietor, AcuTherapy, LLC
Licensed Acupuncturist and Chinese Medical Herbalist
Diplomate of Acupuncture and Chinese Herbal Medicine (NCCAOM)
Certified, Auriculotherapy (ACI)

"Notice of Privacy Policies"

I consent to the use or disclosure of my identifiable health information by AcuTherapy, LLC for the purposes of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct health care operations. I understand that diagnosis or treatment of me may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my identifiable health information is used or disclosed to carry out treatment, payment or health care operations of the practice. AcuTherapy is not required to agree to the restrictions that I may request. However, if AcuTherapy agrees to a restriction that I request, the restriction is binding upon AcuTherapy.

I have the right to revoke this consent, in writing, at any time except to the extent that the Recipients have taken action in reliance on this consent.

My identifiable health information means health information, including my demographic information, collected from me and created or received by my practitioner, another health care provider, a health plan, my employer or a health care clearinghouse. This identifiable health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review AcuTherapy's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills or in the performance of health care operations of AcuTherapy. This Notice of Privacy Practices also describes my rights and the duties of my practitioners and AcuTherapy, LLC with respect to my identifiable health information.

AcuTherapy, LLC reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices by requesting the most current notice during any office visit.

Signature of Patient or Authorized Representative _____ Date _____

Printed Name and Relation _____ _____

Authorization for the Release of Medical Records

This authorization must be written, dated and signed by the patient or by a person authorized by law to give authorization. It is valid until revoked in writing. Records are requested for continuity of care. This clinic does not offer reimbursement for records received.

Please **obtain** information **from** the following:

Name of Physician

Name of Clinic / Hospital

Street Address

City, State, Zip Code

Please **send** my medical information to:

Name of Person to Receive Information

Wyatt N. LaCoss, Lic.Ac.
AcuTherapy, LLC
7 Mystic Street, Suite 204
Arlington, MA 02474
(617) 694-9415
www.acutherapyworks.com

By **checking** the spaces below, I authorize the above physician/clinic/hospital to release written records pertaining to the following information **going back one year**. I also authorize the above physician/clinic/hospital to provide the following information via telephone consultation:

- ☐ Medical records needed for continuity of care
- ☐ Diagnostic imaging reports
- ☐ Laboratory reports
- ☐ Pathology reports
- ☐ Other:

Date

Patient Signature

Signature of Parent / Guardian if Applicable

I understand that certain information in these records cannot be released without specific authorization because of federal or state laws. By **signing** the spaces below, I specifically authorize the release of the following confidential information for us by Acupuncture & Associated Therapies. I also authorize the above physician / clinic / hospital to provide the following information via telephone consultation:

- ☐ Medical records needed for continuity of care
- ☐ Diagnostic imaging reports
- ☐ Laboratory reports
- ☐ Pathology reports
- ☐ Other:

Patient Signature

HIV/AIDS test results and related information, including high risk behavior documentation. **This information may not be further disclosed without the specific written authorization of the tested individual**.

Patient Signature

Drug/Alcohol diagnosis, treatment, or referral information. Federal Regulation, 42 CFR Part 2, requires a description of how much and what kind of information is to be disclosed. Please provide a description of this information:

Patient Signature

Mental Health treatment information

Office use only: Date sent: Initials:

Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care of treatment.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the many healthcare professionals who contribute to my care.
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To object to the use of my health information for directory purposes.
- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations – and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereupon.

I request the following restrictions to the use of disclosure of my health information:

Patient Signature or Legal Representative	Date	Witness Signature

Office use only:

☐ Accepted
☐ Denied

Signature: _____ Title: _____ Date: _____

Informed Consent for Cosmetic and Facial Rejuvenation Acupuncture

INSTRUCTIONS: This is an informed consent document that has been prepared to help your acupuncturist inform you concerning facial acupuncture treatments, the risks involved and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely and have all of your questions answered before signing the consent below.

INTRODUCTION: An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic." An acupuncture facial involves the patient in an organic, gradual process that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift." A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures.

BENEFITS: Facial acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion and flesh out sunken areas. Customarily, fine wrinkles may disappear, and deeper ones may be reduced. This treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

ALTERNATIVE TREATMENT: Improvement of sagging skin, wrinkles and fatty deposits may be attempted by other treatments or surgery such as a surgical facelift, chemical face peels or liposuction. Risk and potential complications are associated with these alternative forms of treatment.

RISKS OF AN ACUPUNCTURE FACIAL: Every procedure involves a certain amount of risk and it is important that you understand the risks involved with an acupuncture facial. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications and consequences of an acupuncture facial.

BLEEDING: It is possible, though very unusual, that you may have problems with bleeding during an acupuncture facial. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise or hematoma, which will resolve itself.

INFECTION: Infection is very unusual after an acupuncture facial. Should an infection occur, additional treatment, including antibiotics, may be necessary.

DAMAGE TO DEEPER STRUCTURES: Deeper structures such as blood vessels and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.

ASYMMETRY: The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.

BRUISING AND PUFFINESS: There is a possibility of bruising, puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.

NERVE INJURY: Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is very rare.

NEEDLE SHOCK: Needle shock is a rare complication after an acupuncture facial.

ALLERGIC REACTIONS: In rare cases, local allergies to topical preparations have been reported. Systemic reactions which are more serious may occur to herbs used during an acupuncture facial. Allergic reactions may require additional treatment.

DELAYED HEALING: Delayed wound healing or wound disruptions are rare complications experienced by patients in the aftermath of an acupuncture facial. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.

LONG-TERM EFFECTS: Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to an acupuncture facial. An acupuncture facial does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of an acupuncture facial.

ADDITIONAL CARE NECESSARY: There are many variable conditions in addition to risk and potential complications that may influence the long term result from acupuncture facial treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with an acupuncture facial treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary.

LIABILITY WAIVER: The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on results that may be obtained.

Consent for Facial Acupuncture Procedure or Treatment

1. I hereby authorize AcuTherapy, LLC to perform a facial acupuncture procedure. I have received a copy of the Informed Consent for Acupuncture Facial for my records.
2. I recognize that during the course of the acupuncture facial, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from an acupuncture facial. In addition, potential problems that might occur during recuperation have been explained to me.

Signature of Patient or Authorized Representative _____ Date _____

Printed Name and Relation _____

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